



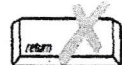
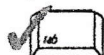
Massachusetts Department of Environmental Protection  
Bureau of Resource Protection – Watershed Permitting Program  
**Sanitary Sewer Overflow (SSO)/Bypass  
Notification Form**

FOR DEP USE ONLY

Tax Identification Number

**A. Reporting Facility**

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



See DEP Regional Office telephone and fax numbers at the end of this form.

1. Facility Information

HULL, MA WPCF  
Reporting Sewer Authority

MA0101231  
Permit #

2. Authorized Representative Transmitting Form:

ARAM  
First Name  
PLANT MANAGER  
Title

VARJABEDIAN  
Last Name

781-925-0906  
Telephone No.

avarjabedian@woodardcurran.com  
E-mail Address

**B. Phone Notifications:**

EMAIL NOTIFICATIONS ALL

1. MassDEP staff contacted:

DAVID  
first name

BURNS  
last name

Date/Time contacted:

11-25-15  
Date

11:25  
Time

☐ am ☒ pm

2. EPA staff contacted:

DAVID  
first name

TURIN  
last name

Date/Time EPA contacted:

11-25-15  
Date

11:25  
Time

☐ am ☒ pm

3. Board of Health contacted:

JOYCE  
First Name

SULLIVAN  
Last Name

Date/Time contacted:

11-25-15  
Date

11:25  
Time

☐ am ☒ pm

4. Others notified (select all that apply);

☐ Conservation Commission

☐ Harbormaster

☐ Shellfish Warden

☒ Division of Marine Fisheries

☐ Downstream Drinking Water Supplier

☒ Watershed Association

☐ Beach Resource Manager ☒ Other:

RYAN JOYCE  
(specify)

**C. SSO Information**

1. SSO Discovered:

11-25-15  
Date

10:30  
Time

☒ am ☐ pm

By: ARAM VARJABEDIAN

2. SSO Stopped:

11-25-15  
Date

10:30  
Time

☒ am ☐ pm

3. SSO Discharge from: ☐ Sanitary Sewer Manhole ☒ Pump Station

☐ Backup into Property ☒ Other:

BYPASS PIPE CONNECTION  
(specify)

4. SSO Discharge to: ☒ Ground Surface (no release to surface water)

☐ Direct to Receiving Water

(surface water)

☐ Catch basin to Receiving Water

(surface water)

☐ Backup into Property Basement



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**C. SSO Information (cont.)**

Location: Pump Station A - 42 Valley Beach Ave., Hull, MA  
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: visual estimate < 15 gallons

Method of Estimating Volume: affected AREA very small +  
next to building

6. Cause of SSO Event:

☐ Rain Event ☐ Pump Station Failure ☐ Insufficient Capacity in System

☐ Treatment Unit failure

☐ Sewer System Blockage: ☐ Pipe Collapse ☐ Root Intrusion ☐ Grease Blockage

☒ Other: Set up bypass pump to test operation, so that  
(Specify) station repairs could be made.

7. Corrective Actions Taken:

immediate closure of VALVE THAT WAS BEING  
operated (inside building)

Impact Area cleaned and/or disinfected: ☒ Yes ☐ No most of the  
AREA affected very small and sewage drained into  
wetwell, since manhole cover was open.

Corrective Actions Completed: ☒ Yes ☐ No

**D. Comments/Attachments/Follow-up**

I wish to provide (select all that apply):

☒ Attachment ☒ Additional comments below: ☐ No additional comments or attachments

Additional comments and planned actions:

See ATTACHED photographs + DRAFT S.O.P.

S.O.P. To be updated



**Massachusetts Department of Environmental Protection**  
**Bureau of Resource Protection – Watershed Permitting Program**  
**Sanitary Sewer Overflow (SSO)/Bypass**  
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**E. Certification Statement**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

  
Signature of Authorized Representative

11-28-15  
Date Signed

Please keep a copy of this report for your records. When submitting additional information, include the MassDEP Incident Number from this report.

**MassDEP Regional Office and EPA Telephone and Fax Numbers:**

Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-6557
Central Region	Phone: 508-792-7650	Fax: 508-792-7621
Western Region	Phone: 413-784-1100	Fax: 413-784-1149
EPA Contact	Phone: 617-918-1870	Fax: 617-918-0870
DEP 24-hour emergency	Phone: 888-304-1133	



## Aram Varjabedian

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**From:** Aram Varjabedian  
**Sent:** Wednesday, November 25, 2015 1:25 PM  
**To:** 'david.burns@state.ma.us'; 'Turin, David'; 'Joyce, Ryan (FWE)'; 'jsullivan@town.hull.ma.us'  
**Cc:** Frank Cavaleri; Kevin Stetson  
**Subject:** Station A - SSO notification - Hull, MA MA0101231  
**Attachments:** SSO at station A 112515.jpg

Good afternoon:

While attempting to set up for pump station work and to operate a station bypass at Pump Station A in Hull, MA this morning, we experienced a small SSO. We had some maintenance work in the station dry well, the required that the station be operated in the bypass mode. The estimated volume of spilled sewage was 15 gallons. The spilled material was confined to the ground area adjacent to the station building. Some of the liquid flowed into the wetwell and some flowed into the gate box adjacent to the wetwell. The attached picture shows the area of the spillage. No sewage ran out of this area. This occurred at approximately 10:30am.

I will prepare and forward the completed SSO form. Should you have any questions or concerns, please don't hesitate to contact me.

Sincerely,

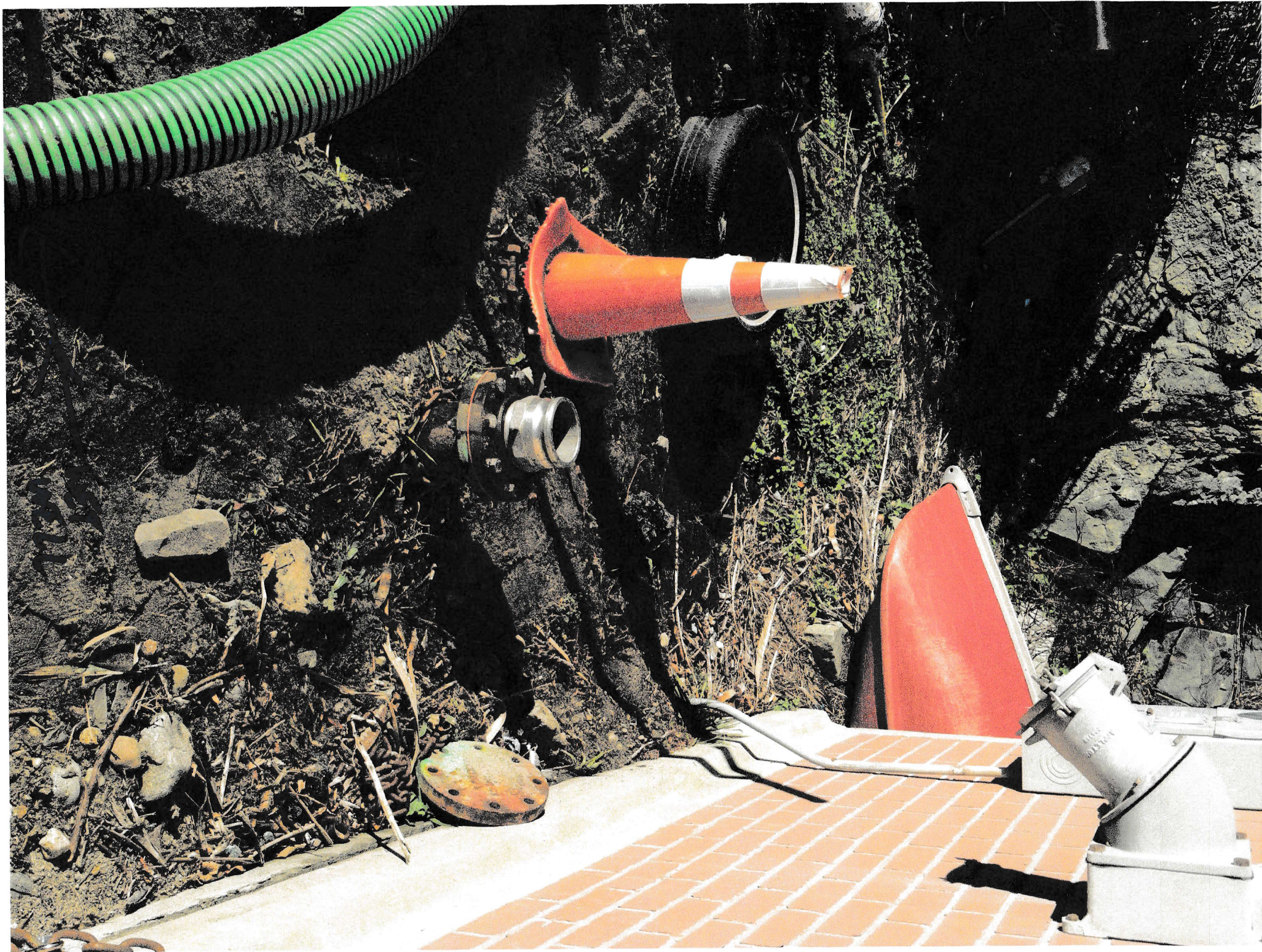
Aram

Aram Varjabedian  
Plant Manager  
Hull Wastewater Treatment Facility  
1111 Nantasket Avenue | Hull, MA 02045  
Phone 781.925.0906 | Fax 781.925.3056 | Cell 339.214.8334  
[www.woodardcurran.com](http://www.woodardcurran.com)



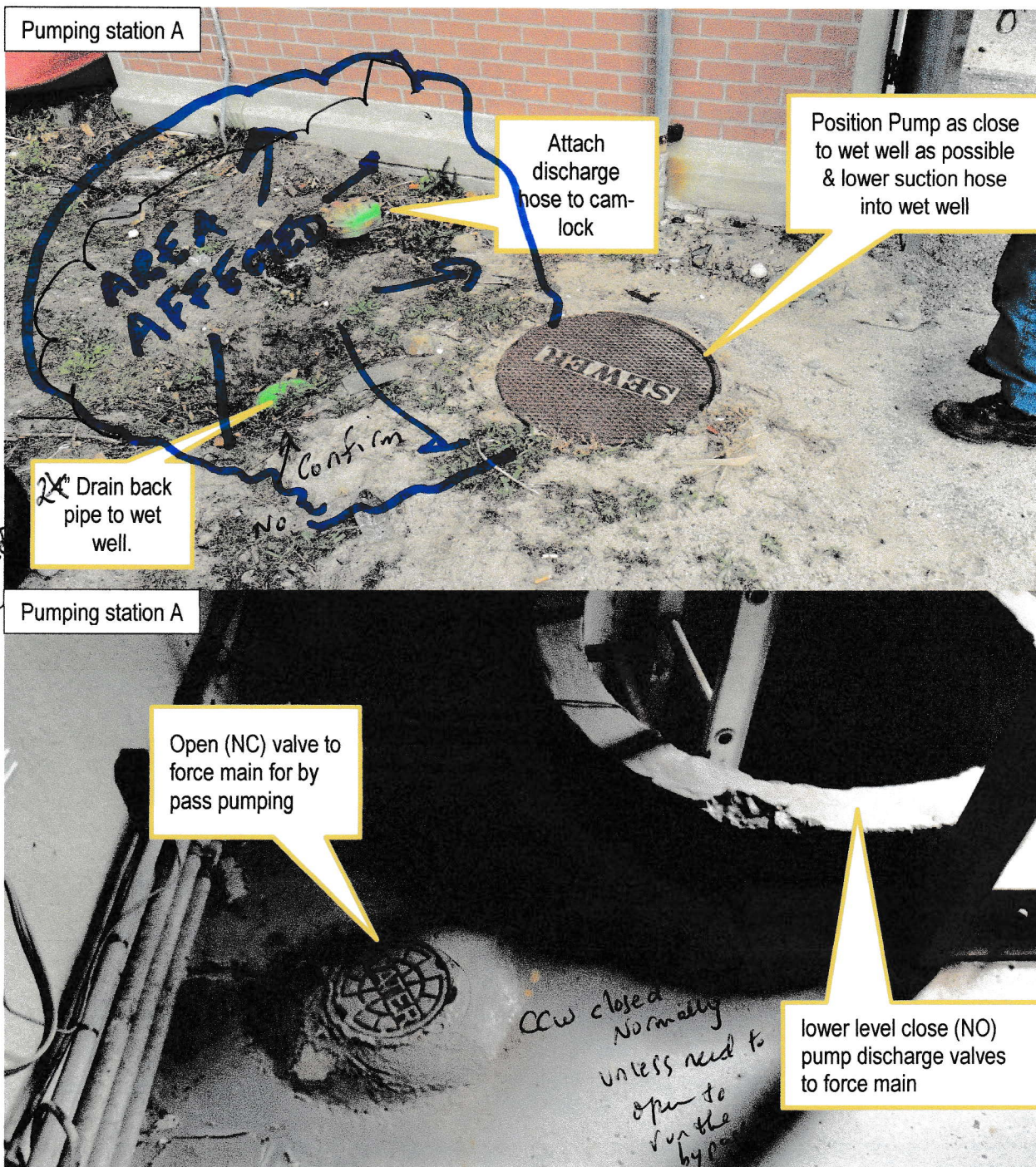
COMMITMENT & INTEGRITY DRIVE RESULTS







DRAFT



**By Pass Procedure using Portable Diesel Pump 4A or 4B**

- 1) Lower suction hose into wet well & connect to portable pump.
- 2) Connect discharge hose to pump and discharge to force main.
- 3) Shut both pumps off. Even if power is off!
- 4) ~~Go to lower level of dry well & close normally open (NO) pump discharge valve to force main.~~ NOT AT STATION
- 5) Open normally closed (NC) By-Pass valve to force main.
- 6) Insure drain back valve is closed. (outside)
- 7) Lower control floats below gravity sewer inlet.

- 8) Start pump & insure proper prime.
- 9) Place pump in auto and monitor pumping cycle on/off to insure gravity sewer is NOT surcharging.

**Notes:**

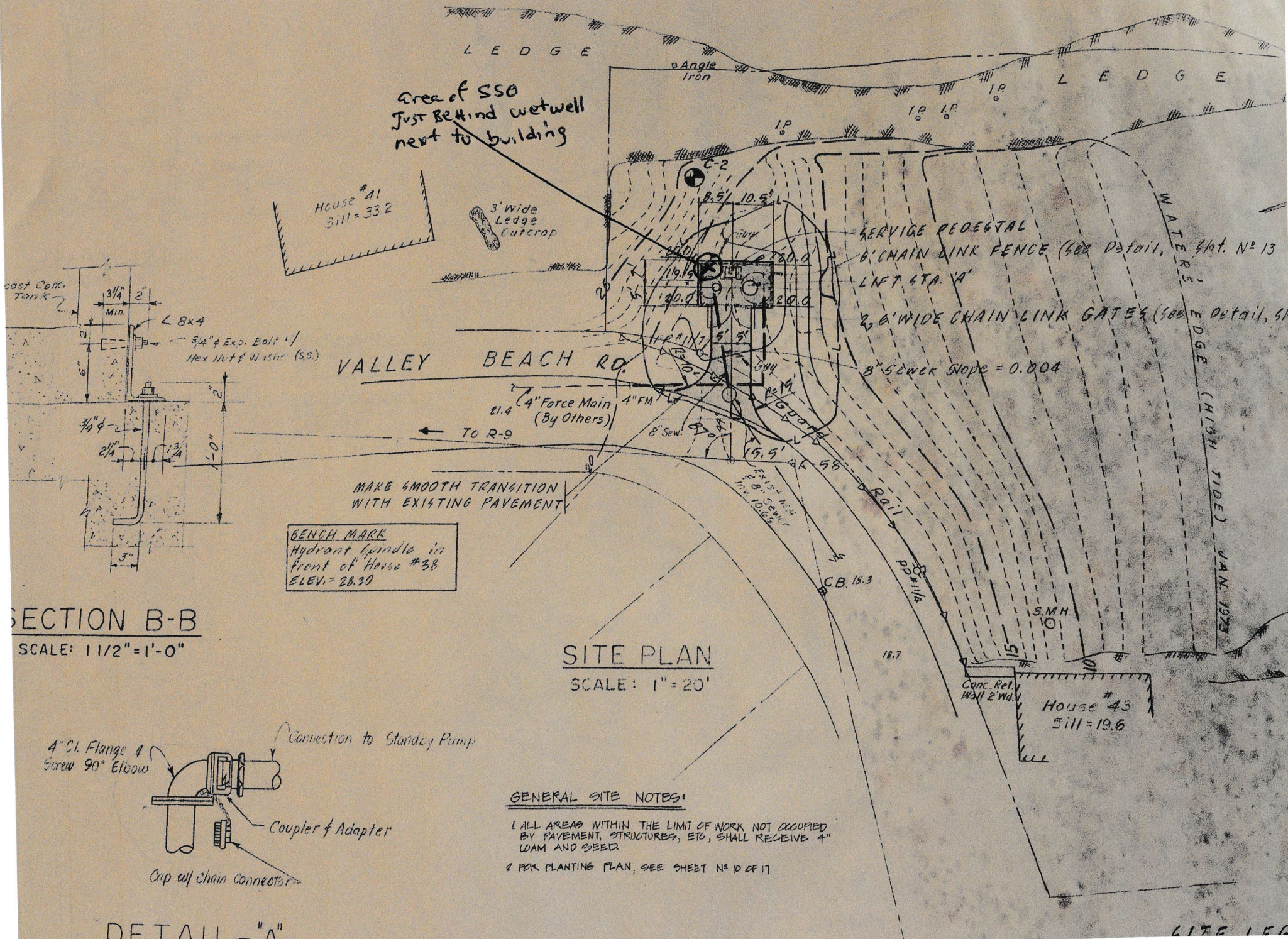
- During initial priming of portable pump, the drain back valve may be used to aid in priming the portable pump...low head pressure...

*Need to try this  
or initially prime back into wetwell.*

**Material needs:**

- Need 4" flange, close nipple, elbow Female X Female thread, 4" Male X 4" male cam lock.
- Need 5' discharge hose
- Need 20' suction hose.
- Need steel cut out cover for wet well MH

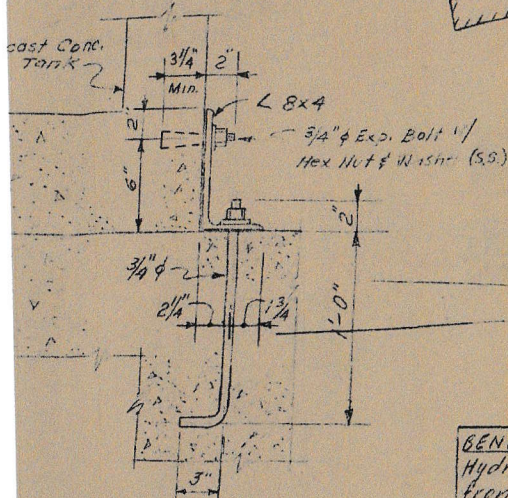




Area of SSO  
Just Behind wetwell  
next to building

House #41  
Sill = 33.2

3' wide  
Ledge  
Outcrop

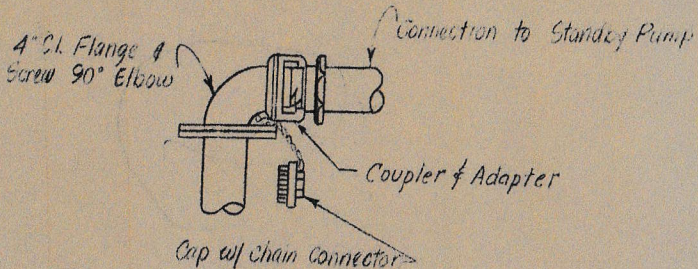


SECTION B-B  
SCALE: 1 1/2" = 1'-0"

BENCH MARK  
Hydrant spindle in  
front of House #38  
ELEV. = 26.30

MAKE SMOOTH TRANSITION  
WITH EXISTING PAVEMENT

SITE PLAN  
SCALE: 1" = 20'



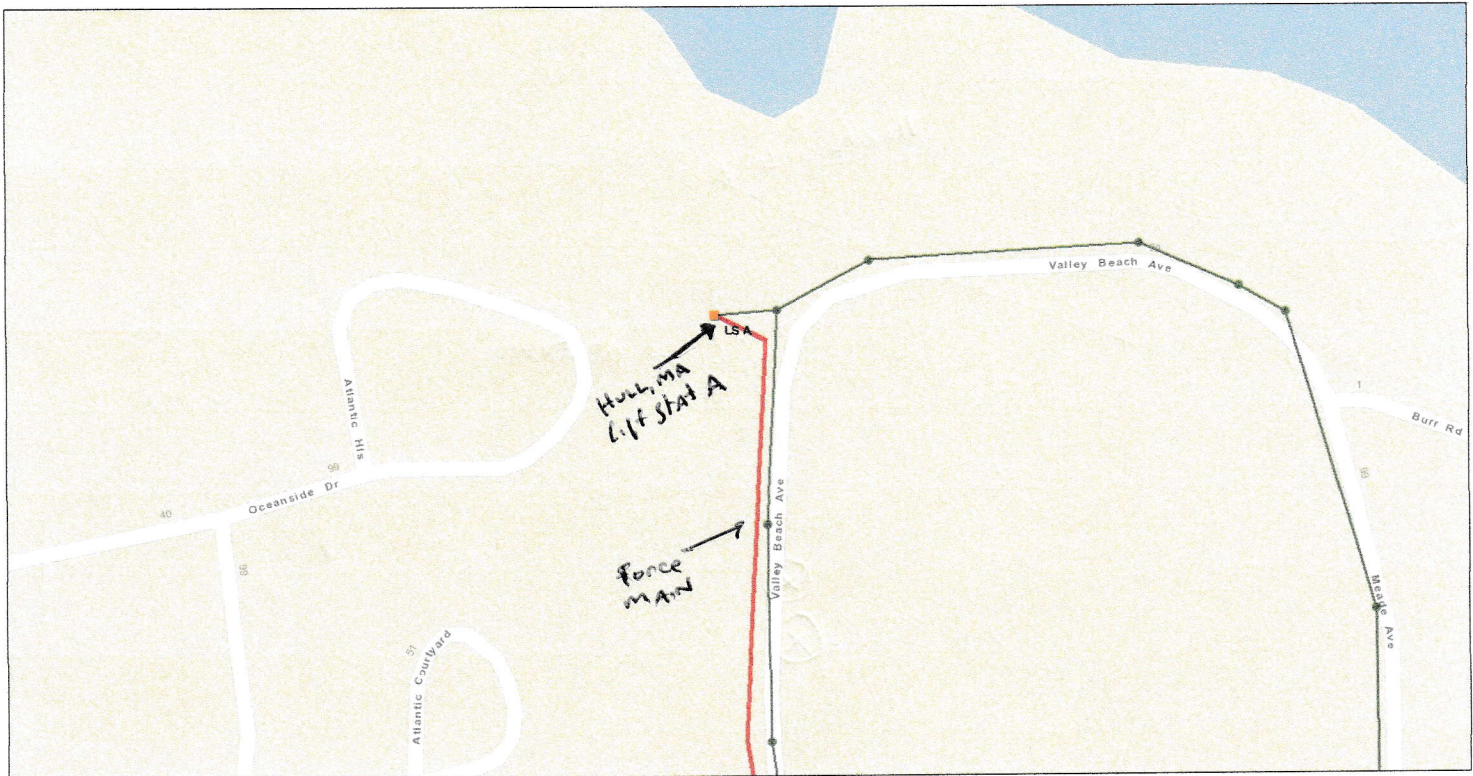
DETAIL - "A"

GENERAL SITE NOTES:

- 1 ALL AREAS WITHIN THE LIMIT OF WORK NOT OCCUPIED BY PAVEMENT, STRUCTURES, ETC, SHALL RECEIVE 4" LOAM AND SEED
- 2 FOR PLANTING PLAN, SEE SHEET NO 10 OF 17



Station A



November 28, 2015

1:1,128  
0 0.0125 0.025 0.05 mi  
0 0.02 0.04 0.08 km  
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